IV-VE VENDOR EDIT TABLE

The primary purpose of the Vendor Edit Table (VE Table) is to provide vendor-related information for accounting transactions, especially claim schedule, remittance advice and reportable payments (Federal Form 1099) processes.

STRUCTURE

The VE Table is divided into two segments: the control key and informational elements. The control key identifies each vendor by Organization Code, Vendor Number and Suffix. The Organization Code is fixed based on the user's sign on. The Vendor Number identifies the vendor in a transaction. The Suffix is used to identify multiple records for the same vendor, such as additional mailing addresses.

The information elements segment contains vendor-related information including name, address and other vendor classification, edit and processing elements. Included is a thirty character Sort Sequence field. The vendor name and any alpha or numeric arrangement of the name as needed for proper sorting is usually keyed in this field. The sort sequence field is optional and may be left blank.

CSTARX01, Alphabetic List of Vendor Edit Table, a requestable Standard report, is sorted based on the Sort Sequence field; if the Sort Sequence field is blank, then the Vendor-Name field is used. Each column of the Sort Sequence field is sorted in the following order (starting on the left):

> **Blanks**, then Special Characters, then characters **A-Z**, then numerals **0-9**.

RELATIONSHIP TO OTHER TABLES

During update of the VE Table, the Organization Code in the control key is validated against the Statewide Organization Table (Descriptor Table D01). No other table related editing occurs.

INPUT CODING

Input coding instructions for the VE Table are contained in Exhibit IV-VE-1. Form CALSTARS 14 illustrated in Exhibit IV-VE-2 is approximately the same as the data entry screen. Most data to be entered in the VE Table may be obtained from the Std Form 204, Vendor Data Record.

CREATION AND MAINTENANCE

Data is entered directly from the Vendor Data Record, Std Form 204, or from CALSTARS 14, VE Table maintenance coding form, into the VE Table maintenance inquiry screen. Functions **A**=ADD, **C**=CHNG, **D**=DEL, **P**=PRT, **F5**=VIEW MASTER, **F6**=RECALL MAINT and **F10**=DEL MAINT may be used. Descriptions of these functions may be found in the *Table Maintenance Functions* section of Chapter IV. **DELETE** cannot be used with Vendor Types C, E, I or P if the record has a 'Last Used' date. These records can be deleted only through the annual purge process. The functions **GENERATE**, **DELETE FFY** and **PRINT SPECIFIED FFY** cannot be used because Funding Fiscal Year is not part of the control key.

To blank data in a table field through the **Change** function, the general rule is to use one dollar sign ($) in the left-most position of the field with the remainder of the field blank. For the VE Table, specific rules are:

(1)   Vendor Number and Suffix, Vendor Name, Active Ind, Purge Ind, and Vendor Type may **NOT** be blanked through the **Change** function.

(2)   FEIN, Social Security Number and other fields may be blanked with a dollar sign if editing rules are not violated (example: Address Line 2 may be blanked if Address Line 3 is not used).

All table maintenance activity must be recorded on the Table Maintenance Control Log (CALSTARS 20) as described in the *Table Maintenance Activity Log* section of Chapter IV.

SPECIAL CONSIDERATIONS

The VE Table contains three system-maintained processing dates. All tables have a 'Created' date that shows when the record was created. If it is blank, it means the record was created prior to the addition of the 'Created' date field. The 'Changed' date shows the last date that the record was updated by table maintenance. The third date, called 'Last Used' date, is the date the record was last accessed by the system to validate any accounting transaction. If the 'Last Used' date is blank, the record has not been used.

A Purge Indicator is used in the VE Table to control an automated purge process. This indicator allows the client to set a period of time that the VE Table record will be maintained before being purged. CALSTARS purges VE Table records after creating the Federal Form 1099 in late December each year. Watch the CALSTARS News for the specific date. After selecting records with the appropriate indicator, it then looks at the 'Last Used' date to determine if the record has been used within the time-frame specified. If so, the record is not purged. The record is subject to purge, if (1) the 'Last Used' date is blank and the 'Changed' date is outside the time frame specified; or (2) the 'Last Used' date is outside the time frame specified.   If the record is subject to purge, the Document File is then checked for any documents with that vendor number. If the Vendor Number is found on any document, the VE record is not purged. If the Vendor Number is not on the Document File, the VE Table record is purged.

EDIT RULES

All error codes and messages for table maintenance transactions are defined in Volume 4 of the CALSTARS Procedures Manual.

OUTPUTS

The VE Table maintenance program has three outputs:

Maintenance Activity Report (CSB930-1), shown in Exhibit IV-VE-3, shows each transaction entered via the on-line screen and a message for each transaction violating an edit rule;

Maintenance Activity Report (CSB930-4) shows each transaction processed from external input files and a message for each transaction violating an edit rule; and

Table Listing Report (CSB930-2), shown in Exhibit IV-VE-4, is produced when a function **P** is entered.

NOTE: The table listing is sorted by Vendor Number. To receive a report by Sort Sequence or by Vendor Type, request the X01 Report through Command **G.3**.

In addition, X02, Vendor Edit Table By Vendor Number, lists the VE Table by Vendor Number. It is similar to the CFB930-2 report. It may be requested sorted by Vendor Type and may be limited to any specific Vendor Type or groups of Vendor Types. The X02 Report has the same request options as the X01 Report.

X03, Listing of FEIN-SSNs with Multiple Vendor Numbers, is an exception analysis report. It may help agencies eliminate Federal Employee Identification Number/Social Security Numbers listed under more than one vendor number. A "null" report is produced when no records meet the selection criteria.

For more information and samples of the X01, X02 and X03 reports, see Volume 6, X-VE Table File.

CONTROL

Edit rules validate the data elements of the VE Table; however, the Maintenance Activity Reports should be proofread to ensure that all changes and additions were made as intended. Vendor table entries that have been used for making payments during the tax year that are potentially reportable cannot be deleted through table maintenance. These records may be deleted only through the purge process. A control log and Maintenance Activity Reports should be maintained for as long as the accounting transactions they control.

EXHIBIT IV-VE-1
VENDOR EDIT TABLE INPUT CODING INSTRUCTIONS

Data Element	Length	Contents
Control Key:		
ORG CODE	4	The **Organization Code** is automatically displayed based on the signon used. It cannot be altered.

VENDOR NO	12	**Enter the Vendor Number and Suffix.**
		
		The following Vendor Numbers are reserved and must be established by each agency:
		
		AAAAAAAAAA-00 Prints the agency's Name, Address, City, State, Zip Code, and Phone Number on the remittance advice and on the Form 1099. The required Phone Number is for vendor questions on remittance advice and Form 1099 data.
		
		AAAAAAAAAA-10 Prints the Accounting Officer's Name, Title, and City where executed ('Title' is entered on ADDRESS1) for the Certification for Year-end reports.
		
		AAAAAAAAAA-20 Prints the Head of Agency's Name, Title and City where executed ('Title' is entered on ADDRESS1) for the Certification for the Year-end CSTARB06 report.
		
		AAAAAAAAAA-90 Prints the agency's Name and address data on the report distribution flagsheets. Use the following format:
		
		   NAME: Office Name
		
		   ADDRESS1: Organization Name
		
		   ADDRESS2: Delivery address
		
		   ADDRESS3: (if needed)
		
		   CITY, STATE, ZIP: (As shown)
		
		   CONTACT NAME: Person receiving reports. "US MAIL" if reports to be mailed.
		
		   PHONE: Contact person's area code and phone number or 'CNET' and number).
		
		NOTE: All vendor-number **AAAAAAAAAA** records must use Vendor Type 3.

Informational Elements:		
ACTIVE INDICATOR	1	**Enter the code to specify whether the Vendor is active or inactive**: **0** - **Active -** transactions referencing this VE Table record will post after passing the normal edits. **1** - **Inactive** - transactions referencing this VE Table record will <u>not</u> post unless the Modifier = **I** (Ignore) in the transaction (to override an inactive table).

Data Element	Length	Contents
PURGE	1	**Enter the purge process indicator:** **1** - Purge on next purge process. **2** - Purge if not used during last year. **3** - Purge if not used during last 2 years. **4** - Purge if not used during last 3 years. **5** - Purge if not used during last 4 years. **6** - Purge if not used during last 5 years. **9** - Do not purge. **NOTE:** The purge process will not purge vendor records when the vendor number is present on any Document File records.
NAME	30	**Enter the Vendor Name as it is used for payee or payor**; e.g., company name, DBA, etc.
SORT SEQUENCE	30	*(Optional)* **Enter up to thirty positions of the Vendor's name**, or use another sorting convention. This field determines the sequence of vendors on the CSTARX01 Report.
TAX NAME FOR 1099	40	*(Optional)* **Enter up to forty positions of the owner's (NOT BUSINESS) name** as found on Form 204. For Vendor Type **I**, if the OWNER'S name is NOT in the Vendor Name field, it MUST be entered in this field. **NOTE:** Having the owner's name in this field or in the Vendor Name field will avoid TaxID/Name mismatch notices from the IRS.
NAME CONTROL	4	**Enter the first four characters of Vendor's Last Name for Vendor Type I** ("OWNER" on the Std Form 204). Not allowed for all other Types. **NOTE:** Having the first four characters of the owner's name in this field will avoid TaxID/Name mismatch notices from the IRS.
ADDRESS 1	30	**Enter Line 1 of Vendor Address.** **NOTE**: For Type **1**: Employee--Address 1, City, State and ZIP are optional.
ADDRESS 2	30	*(Optional)* **Enter Line 2 of Vendor Address.**
ADDRESS 3	30	*(Optional)* **Enter Line 3 of Vendor Address.** Must be blank if ADDRESS 2 is blank.
MAILING ADDRESS LINE NO	1	**Enter the number of address line that contains the street address or the PO Box.** Required if more than one address line is used.
CITY	15	**Enter the Vendor City.** See Note under Foreign Country below.
STATE	2	**Enter the Vendor State or territory abbreviation.** See Note under Foreign Country below.
ZIP	5 or 9	**Enter the Vendor Zip Code.** Zip Code must be numeric not equal to 00000. Positions 6-9 must be numeric not equal to 0000 or blank. See Note under Foreign Country below.

Data Element	Length	Contents
FOREIGN COUNTRY	12	*(Optional)* **Enter the Foreign Country**. <u>DO NOT ENTER</u> U.S., US, USA or US Territories such as Guam or Puerto Rico that have state abbreviations. **NOTE**: If a Foreign Country is entered, the City, State, Zip and Foreign Country fields become free-form, formatted as a continuous field. Spaces and punctuation must be entered. Any combination of alpha, numeric, special characters or blanks is allowed.
TYPE	1	**Enter the Vendor Type from Std Form 204**: **C** - Corporation (all types of corporations); **I** - Individual or Sole Proprietor; **P** - Partnership; **E** - Estate or trust; **1** - Employee; **2** - Federal Agency; **3** - State Agency (Including **AAAAAAAAAA** Vendor Numbers); **4** - Local Government; and **5** - Other Governmental Entities. **<u>NOTE</u>: Types 0 and 6-9 are no longer allowed.**
FEIN	9	**Enter the Federal Employer Identification Number** (Required for Types **C**, **E**, **P** and Vendor Number **AAAAAAAAAA-00**; not allowed for all others.)
SOCIAL SECURITY NUMBER	9	**Enter the Social Security Number** (Required for Vendor Type **I**, optional for Vendor Type **1** [one]; not allowed for all others.)
CA RESIDENT	1	**Enter the residency status from Std Form 204; Box 5-Vendor Residency Status:** **Y** - Vendor is a California resident **N** - Vendor is a non-resident (Required for Vendor Types **C**, **I**, **P** and **E**.)
WITHHOLDING: FEDERAL	1	**Enter the Federal Withholding value**: **0** - Not subject to Federal Backup Withholding. **1** - Subject to Federal Backup Withholding. See IRS rules and State government requirements before using this code.
WITHHOLDING: STATE	1	**Enter the State Withholding value based on the Std Form 204; Box 5-Vendor Residency Status:** **0** - If California Resident Box is checked (California Withholding <u>not required</u>). **1** - If Non-Resident Box is checked and neither of the lower level boxes are checked (California Withholding <u>is required</u>). **0** - If Non-Resident Box is checked and either of the lower level boxes are checked (California Withholding <u>not required</u>).

Data Element	Length	Contents
MINORITY BUSINESS INDICATOR	1	*(Optional)* **Enter Minority Business Indicator code**. Use agency-specific codes or Department of General Services (DGS) recommended codes.
SMALL BUSINESS INDICATOR	1	*(Optional)* **Enter Small Business Indicator code**. Use agency-specific codes or Department of General Services (DGS) recommended codes. **NOTE**: The Minority Business and Small Business indicators are used on the H12 Report - Minority/Small Business Transaction Analysis - to help agencies produce data for periodic reports required by DGS.
CONTACT NAME	40	*(Optional)* **Enter the name of the Vendor Contact**, or use this space to record notes about this vendor record. (This will not print on the remittance advice or Form 1099.)
PHONE	10	*(Optional)* **Enter the Vendor Area Code and Telephone Number**. **REQUIRED for Vendor Number AAAAAAAAAA-00** (this will print on Remittance Advice and Form 1099 for vendors to contact the agency with questions). DO NOT USE PARENTHESIS OR DASHES IN THIS FIELD.

EXHIBIT IV-VE-2

CALSTARS 14
(Rev. 10/97)

STATE OF CALIFORNIA
CALSTARS VENDOR EDIT TABLE MAINTENANCE

PREPARED BY: _____ DATE: _____ ENTERED BY: _____ DATE: _____

FUNCTION: ☐ (A=ADD, C=CHANGE, D=DELETE, P=PRINT)

VENDOR NO: [| | | | | | | |] [|] ACTIVE IND: ☐ PURGE IND: ☐

NAME: [| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |]

SORT SEQ [| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |]

TAX NAME FOR 1099: [| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |] NAME CONTROL: [| | |]

ADDR 1: [| | | | | | | | | | | | | | | | | | | | | | | | | | |]

ADDR 2: [| | | | | | | | | | | | | | | | | | | | | | | | | | |]

ADDR 3: [| | | | | | | | | | | | | | | | | | | | | | | | | | |] MAILING ADDRESS LINE NO: ☐

CITY: [| | | | | | | | | | | | | | | |] STATE: [|] ZIP: [| | | |] [| | |] FOREIGN COUNTRY: [| | | | | | | | | | | |]

VENDOR TYPE: ☐ FEIN: [| |] [| | | | | |] **OR** SOC SEC NO: [| |] [| |] [| | |] CA RESIDENT: ☐

WITHHOLDING: FED: ☐ STATE: ☐ MINORITY BUSINESS IND: ☐ SMALL BUSINESS IND: ☐

CONTACT NAME: [| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |] PHONE: [| |] [| | |] [| | |]

EXHIBIT IV-VE-3

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CSB930-1 ************************       DEPARTMENT OF AIR QUALITY            ************************* ORG NUMBER:   9990
               CALSTARS     V E - T A B L E   M A I N T E N A N C E      REPORT                     ORG PAGE:      1
09/01/2000 (18:03) ******************************************************************************************* RUN PAGE:      7

                                      A C T I V I T Y   R E P O R T
--------------------------------------------------------------------------------------------------------------------------
- RECORD KEY --    ----------------------------------- INFORMATION ELEMENTS ----------------------------------------------
VENDOR-NO / SUF    *------- VENDOR-NAME --------*   *------ SORT-SEQUENCE -------*   ACTIVE-IND   PURGE-IND
                   *--------- TAX NAME FOR 1099 ----------*  NAME-CONTROL
                   *------ VENDOR-ADDR-1 ------*   *------ VENDOR-ADDR-2 -------*   *------ VENDOR-ADDR-3 -------*  ADDR-LINE-NO
FUNCTION           *-VENDOR-CITY-*  ST  *- ZIP -*  FOREIGN-CNTRY  VEND-TYPE  FEIN/SSN    RESIDENT  FED-WITH  CA-WITH  MIN-BUS
                   SMALL-BUS    *----------- CONTACT-NAME -------------*   *- PHONE-*                    *ERROR CODES AND MESSAGES
XXXXXXXXXX  XX      XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX    XXXXXXXXXXXXXXXXXXXXXXXXXXXXX        X           X
                   XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX  XXXX
                   XXXXXXXXXXXXXXXXXXXXXXXXXXXX    XXXXXXXXXXXXXXXXXXXXXXXXXXXXX    XXXXXXXXXXXXXXXXXXXXXXXXXXXXX        X
                   XXXXXXXXXXXXXX  XX  XXXXXXXXX   XXXXXXXXXXX      X      XXXXXXXXX       X        X       X       X
      X               X       XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX   XXXXXXXXX                  XXX XXXXXXXXXXXXXXXXXXX
0000035495  00
   D
                                                                              V03-DELETE/NO MATCH ERR
0000004319  00     CA ORS/STATE ARCHITECT        CA/ARCHITECT/REGULATION SVCS.      0           1
                   1300 I STREET, 7TH FLOOR
   A               SACRAMENTO       CA  95814                       3
0000020316  00     SOFTWARE SPECTRUM             SOFTWARE SPECTRUM                  0           3
                   P.O. BOX 910866
   A               DALLAS           TX  753910866                   C       123456789      N         0         0
                                                                  8002240604
0000030859  00     KEN WHELTON                   5WHELTON, KEN                      0           2
                   26 W. PASADENA AVENUE
   A               PASADENA         CA  91103                       1       234567890
0000032347  00     MICHAEL TRUMAN                5TRUMAN, MICHAEL                   0           2
                   66 S. PASADENA AVENUE
   A               PASADENA         CA  91103                       1       345678901
0000034593  00     TOMMY COLLINS PRINTING        COLLINS, TOMMY                     0           2
                   2110 2ND STREET
   A               MANHATTAN BEACH  CA  90266                       P       215456456
0037090334  01     CITY OF HOPE NATIONAL MED CNTR  SOCIETY FOR HOPE AND CARE        0           9
                   LAB SERVICES                  ATTN: JOHN R. OFTTY           1500 W. DUARTE STREET             3
   A               DUARTE           CA  912203000                   4
                          1008                            8183598111
0000034595  00     SAMSON HARRIS                 5HARRIS, SAMSON                    0           2
                   123 BEAUTIFUL DRIVE
   A               VALENCIA         CA  91355                        1       567890123
0000034596  00     TIME CLOCKS OF AMERICA        TIME CLOCKS OF AMERICA             0           1
                   JOHNNY SMITH                        SMIT
                   1103 BROWN STONE ROAD
   A               RANCHO CORDOVA   CA  95670                        I       678901234      Y         0         0
```

EXHIBIT IV-VE-4

```
CSB930-2 **************************         DEPARTMENT OF AIR QUALITY              ************************* ORG NUMBER:    9990
              CALSTARS      V E - T A B L E   M A I N T E N A N C E      REPORT                              ORG PAGE:         1
09/01/2000 (17:59) ************************************************************************************** RUN PAGE:         1


                                          V E - T A B L E   L I S T I N G
*********************************************************************************************************************************

- RECORD KEY --      ------------------------------------ INFORMATION ELEMENTS ----------------------------------------------------
VENDOR-NO / SUF      *------- VENDOR-NAME --------*   *------ SORT-SEQUENCE -------*   ACTIVE-IND    PURGE-IND
                     *--------- TAX NAME FOR 1099 ----------*  NAME-CONTROL
                     *------ VENDOR-ADDR-1 -------*   *------ VENDOR-ADDR-2 -------*   *------ VENDOR-ADDR-3 -------*  ADDR-LINE
                     *-VENDOR-CITY-* ST *- ZIP -*   FOREIGN-CNTRY  VEND-TYPE   FEIN/SSN      RESIDENT   FED-WITH   CA-WITH  MIN-BUS
                     SMALL-BUS   *---------- CONTACT-NAME -------------*   *- PHONE -  CREATE-DATE  LAST-USE-DATE  LAST-CHANGED
XXXXXXXXXX/ XX       XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX   XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX       X          X
                     XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX    XXXX
                     XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX   XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX   XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX       X
                     XXXXXXXXXXXXXXX XX XXXXXXXXX   XXXXXXXXXXXX       X       XXXXXXXXX       X          X        X        X
                          X      XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX  XXXXXXXXXX   XX/XX/XXXX   XX/XX/XXXX   XX/XX/XXXX
AAAAAAAAAA  00       DEPARTMENT OF AIR QUALITY      AAAAAAAA00                           0          2
                     990 X STREET, STE 1110
                     SACRAMENTO      CA  95814                      3       680284181
                              JOHN DOE                           9163239999                    11/07/1998   11/07/1998
AAAAAAAAAA  10       MARILYN SHOOMAS, MANAGER       AAAAAAAA10                           0          2
                     ACCOUNTING OFFICE              990 X STREET, SUITE 1110
                     SACRAMENTO      CA  95814                      3
                                                                                              07/18/1998   07/18/1998
AAAAAAAAAA  20       ROBERT TRIED                   AAAAAAAA20                           0          2
                     DEPUTY DIRECTOR
                     SACRAMENTO      CA  95814                      3
                                                                                              07/15/1998   07/15/1998
AAAAAAAAAA  90       ACCOUNTING OFFICE              AAAAAAAA90                           0          2
                     DEPT OF AIR QUALITY            990 X STREET, SUITE 1110
                     SACRAMENTO      CA  95814                      3
                              TAYLOR SMITH                         9164459999                    11/20/1998   11/20/1998
0000122234  00       ADOBE CUSTOMERFIRST MEMBER SER ADOBECUTS0                           0          3
                     2000 SECOND AVENUE, STE 2200
                     SEATTLE         WA  981042046                  C       770019677       N       0          0
                                                                                              01/30/1998   01/29/1996
0000122678  00       AIRTOUCH CELLULAR              AIRTOUCH                              0          3
                     P.O. BOX 7304                  ACCOUNTS RECEIVABLE                                               2
                     SAN FRANCISCO    CA  941207304                 P       354921823       Y       0          0
                                                                                              03/25/1998   03/25/1998
0000034596  00       TIME CLOCKS OF AMERICA         TIME CLOCKS OF AMERICA                0          1
                     JOHNNY SMITH                        SMIT
                     1103 BROWN STONE ROAD
                     RANCHO CORDOVA   CA  95670                     I       678901234       Y       0          0
                                                                                              03/11/1999   03/09/1997
```